THE SEE SEE				PAGE 2		
EMIZED INDEPENDENT EXPENDITURES				FOR LINE 7	OF FORM 5	
AME OF FILER (In Full) anned Parenthood Action Fund of Santa Barbara, Ventura	and San Luis Obispo C	'ounti	`.es		•	
Full Name (Last, First, Middle Initial) of Payee		.]	Date			
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Purpose of Expenditure	Category/	Offic	ce Sought:	House		
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Lois Capps		Che	eck One:	X Support	Oppose	
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(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)	***************************************	.•	•		en de lette en	
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